## IN THE LINITED STATES PATENT AND TRADEMARMOFFICE Group Art Unit 1632 DYMECKI A. -M. Baker Examiner: 866,279 Atty. Dkt. 234805 Series Code ↑ Serial No. 个 Client Ref (Our Deposit Account No. 03-3975) USE OF FLP RECOMBINASE IN MAR (Our Order No. 20263 234805 JUN 0 6 2000 June 6, 2000 Date:

Asst. Commissioner of Patents Washington, D.C. 20231

08

May 30, 1997

Sir:

Inventor(s):

Appln. No.:

Filed:

Title:

REPLY/AMENDMENT/LETTER

JUN 0.8 2000

CEIVED

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are ply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are ply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are ply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are ply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are ply/amendment/letter in the above-identified application and includes the herewith attachment of safety and places are places are places are places and places are places are places are places are places are places and places are which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

FEE REQUIREMENTS FOR CLAIMS AS AMENDED

1. "Small Entity" statement(s) filed					<del></del>		
□ previously □ herewith (No.)	Claims remaining after amendment	Highest number previously paid for		Present Extra	Large/Small Entity	Additional Fee	Fee Code
2. Total Effective Claims	49	**minus	49	0	x \$18/\$9 =	+ \$0	103/203
3. Independent Claims	4	***minus	4	0	x \$78/\$39 =	+ \$0	102/202
4. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for <u>first</u> time (leave <u>blank</u> if this is a <u>reissue</u> application) + \$260/\$130 =						+ \$0	104/204
5. Original due Date: May 14, 20		☐ NONE		CANADA CA	Service Services	201	a migraf desirable
6. Petition is hereby made to extend the original due (1 mo) \$110/\$55 =							115/215
date to cover the date this response is filed for which the (2 mos) \$380/\$190 =   + \$55							116/216
requisite fee is attached (3 mos) \$870/\$435 =							117/217 118/218
(Usable <u>only</u> for ≤ 2mo.OA 4 mos)   \$1360/\$680 =						4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	128/228
(Usable <u>only</u> for 30 day/1mo.OA 5 mos)   \$1850/\$925 =							1201220
7. Enter any previous extension fee paid since above original due date and subtract - \$0							
8. Extension Fee Attached						+ \$55	
9. If <u>Terminal Disclaimer</u> attached, <u>add</u> Rule 20(d) official fee						+ \$0	148/248
10. If IDS attached requires Official Fee,						+ \$0	126
or if Rule 97(d) Petition add   + \$130 =							122
11. After-Final Request Fee per rules 129(a) and 17(r) + \$690/345 =						+ \$0	146/246
12. No. of additional inventions for examination per Rule 129(b)						+ \$0	149/249
13. Petition fee for						+ \$0	
14. TOTAL FEE ENCLOSED =						\$55	
15 4104							

<sup>15. \*</sup>If the entry in this space is less than entry in next space, the "Present Extra" result is "0"

CHARC STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or here a relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown in the heading hereof, for which purpose a <u>duplicate</u> copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

16773

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NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

<sup>16. \*\*</sup>If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.

<sup>17. \*\*\*</sup>If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.